

**MULTIPLE DEPEND. T CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM T-875)

SERIAL NO. 09532,074
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS			10			

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